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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/489,328 07/22/2003  
 LG

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 GERMANY 103 23 966 05/27/2003 NO  
 KG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature Initials				

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TITLE  
 Long-acting drug combinations for the treatment of respiratory complaints

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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☐ 1.18 Fees ( Issue )

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